GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:4902
ANSWERED ON:16.12.2016
Malnutrition in India
Azad Shri Kirti (JHA);Dev Km. Sushmita;Ranjan (Pappu Yadav) Shri Rajesh;Ranjan Smt. Ranjeet

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is aware that despite having various schemes like Integrated Child Development Services (ICDS), Mid-Day Meal Scheme (MDMS), Public Distribution System (PDS) and the National Food Security Act in place, the levels of malnutrition across India is very high, if so, the details thereof;

(b) whether it is true that malnutrition contributes to more than one third deaths in young children, if so, the details thereof and steps being taken by the Government to check the reasons for the high infant mortality rate India on account of malnutrition;

(c) whether the National food Security Act has been implemented across India, if so, the details thereof and if not, the reasons therefor;

(d) the monitoring system being used by the Government for cross validation and to calculate impact of these schemes over time;

(e) whether the Government is planning to use Aadhaar linked tracking of malnutrition, if so, have all ration cards been digitized and seeded with Aadhaar cards; and

(f) whether the Union Government has reduced funding for National Rural Health Mission (NRHM) under National Health Mission (NHM) budget reduced by 11 per cent from 2014-15 to 79 per cent in 2015-16, if so, the details thereof?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a): As per the Rapid Survey of Children (2013-14), 29.4 per cent children below five years are underweight, 38.7 per cent are stunted and 15.1 per cent are wasted.
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(b): Malnutrition is not a direct cause of death among children but can increase morbidity and mortality by reducing the resistance to infections. However, it is estimated that malnutrition is a contributing factor in about one-third of all deaths in under- five children in India, as per CHERG (2010) Report.
The Government of India is implementing various schemes all across the country for reducing infant mortality on account of malnutrition:
i. Provision of Supplementary food to children aged 6-36 months under Integrated Child Development Project (ICDS).
ii. Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free and no expense ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.
iii. Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies. Home Based Newborn Care (HBNC) is being provided by ASHAs to improve child rearing practices.
iv. Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education.Government has recently launched "MAA" programme in order to increase awareness on breastfeeding and build capacities of the health workers on IYCF practices.
v. Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Diphtheria, Pertussis, Tetanus, Poliomyelitis, Tuberculosis, Measles, Hepatitis B, Meningitis and Pneumonia due to Haemophilus Influenzae type B.
vi. Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays including disability and early intervention services has been operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.
vii. Some other important interventions are Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, Vitamin-A Supplementation for children 6 -59 months, home visits by ASHAs to promote exclusive breast feeding and promote use of ORS and Zinc for management of diarrhoea in children,

viii. Nutrition Rehabilitation Centres are established at Government Health facilities to manage severe acute malnutrition.
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(c): The National Food Security Act, 2013 is being implemented in all the States/Union Territories (UTs). State/UT-wise detail of coverage determined under the Act for receiving highly subsidized foodgrains and the current coverage, based on identification of eligible households reported by States/UTs and their detail on the PDS portal, is at Annexure.

(d): ICDS Scheme is a Centrally Sponsored Scheme implemented by States/UTs across the country. Periodical assessment of progress/achievements made by the States/UTs and improvement in functioning of various components of the scheme is an on-going and continuous process. This is done largely through monitoring reports and review meetings.

Mid-Day Meal scheme has an elaborate monitoring system at different levels including Steering-cum-monitoring committee at National, State and District levels. At village level, Village Education Committees, Parent Teacher Associations and School Management Committee monitor the quality of services under MDM on a regular basis.

To evaluate the impact of these schemes on the target beneficiaries and to plug loopholes in implementation, evaluation studies on functioning are beingconducted by the Government.

(e): Under the Integrated Child Development Services (ICDS) Scheme, Aadhar enrolment of children below 5 years has been taken up with States/ Union Territories. As per information available from UIDAI, Aadhaar saturation among children below 5 years of age is 30.7% as on 15.11.2016.

Under the NFSA, States/UTs are being encouraged to set up AADHAR based authentication of beneficiaries for distribution of food grains in order to ensure proper targeting of eligible persons. As per the available information, 60% of the Ration Cards have been digitized and seeded with Aadhar Cards.

(f): There is no reduction by the Union Government in funding of National Rural Health Mission (NRHM) under National Health Mission (NHM). The Budgetary Outlay for the F.Y. 2015-16 was Rs. 18,295.00 crore which is 3.78% higher than the Budgetary Outlay for the F.Y. 2014-15 i.e. Rs. 17,627.82 crore.

Further, from F.Y. 2015-16 onwards, upon acceptance of the 14th Finance Commission's recommendations and in view of the devolution of revenues from 32 percent to 42 percent, the Centre-State funds sharing pattern under National Health Mission has been revised from 75:25 to 60:40. Hence, more funds are being generated under National Health Mission (NHM).

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